



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/19 Ending Date: 10/28/19

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Adrienne Dawn Lennon

Candidate Full Name (if applicable)

City Council At Large

Office Sought and District

15 Belmont Ave, Amesbury, MA, 01913

Residential Address

E-mail: adriennedlennon@gmail.com

Phone # (optional): 617-800-4164

Committee to Elect Adrienne Lennon

Committee Name

Kinsey Boehl

Name of Committee Treasurer

117 Whitehall Rd, Amesbury, MA, 01913

Committee Mailing Address

E-mail: kinsey.boehl@nee.com

Phone # (optional): 843-478-0243

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	2108.29
Line 3: Subtotal (line 1 plus line 2)	2108.29
Line 4: Total expenditures this period (page 5, line 14)	1147.62
Line 5: Ending Balance (line 3 minus line 4)	960.67
Line 6: Total in-kind contributions this period (page 6)	450.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	Newburyport Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 10/23/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10/23/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/16/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	100	Loan for bank account origination. Health Physicist, NextEra Energy Resources
9/28/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	60.69	Loan expenditure for fundraiser supplies. Health Physicist, NextEra Energy Resources
9/27/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	298.92	Loan expenditure for fundraiser supplies. Health Physicist, NextEra Energy Resources
9/26/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	141.99	Loan expenditure for fundraiser supplies. Health Physicist, NextEra Energy Resources
9/26/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	25.59	Loan expenditure for fundraiser supplies. Health Physicist, NextEra Energy Resources
9/18/19	Kinsey Boehl (Loan) 117 Whitehall Rd. Amesbury, MA 01913	10	Loan expenditure for fundraiser supplies. Health Physicist, NextEra Energy Resources
9/28/19	David Frick 14 Maudsley View Ln Amesbury, MA 01913	50	
9/28/19	Michael Jewel 12 Strathmeier Club Amesbury, MA 01913	150	
9/28/19	Mel Webster 60 Merrimac #305 Amesbury, MA 01913	237.70	Retired
9/28/19	Nicholas Wheeler 33 Adams Ct Amesbury, MA 01913	243.80	Engineer, Avid Engineers
Line 9: Total Receipts over \$50 (or listed above)		1318.69	
Line 10: Total Receipts \$50 and under* (not listed above)		789.60	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2108.29	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/9/19	D. A. Wilkinson Septic	41 Low Street Newbury, MA 01951	Portable toilet for fund raiser	80.00
9/18/19	Goodwill	21 Chevy Chase Rd Seabrook, NH 03874	Supplies for fundraiser	10.00
9/26/19	Market Basket	380 Lafayette Rd Seabrook, NH 03874	Food for fund raiser	141.99
9/16/19	Newburyport Bank	40 Friend Street Amesbury MA 01913	Bank account origination.	100.00
9/29/19	Onset Music	4 Audubon Rd. Wakefield, MA 01880	Sound for band at fund raiser	150.00
10/9/19	Signs on the Cheap	11525a Stonehollow Dr. Austin, TX 78758	Political road signs	280.43
9/28/19	Stop and Shop	100 Macy St. Amesbury, MA 01913	Food for fund raiser	60.69
9/26/19	Stop and Shop	100 Macy St. Amesbury, MA 01913	Food for fund raiser	25.59
9/27/19	The City Tobacco and Beverage	621 Lafayette Rd. Seabrook, NH 03874	Beer and wine for fund raiser	298.92
Line 12: Total Expenditures over \$50 (or listed above)				1147.62
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1147.62

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/28/19	Gamer, Ben	23 Duane Drive North Reading, MA 01864	Band sound	150
9/28/19	NextEra Energy	626 Lafayette Rd Seabrook, NH 03874	Use of tables and chairs	200
9/28/19	Sean Toomey Sky High Bar	37 Main St. Amesbury, MA	Use of catering equipment	100
Line 15: In-Kind Contributions over \$50 (or listed above)				450
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				450

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0.00



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed: Kinsey Boehl

Committee Name:

Committee to Elect Adrienne Lennon

CPF ID Number (if applicable):

Telephone Number (optional):

843-478-02

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/26/19	Market Basket	380 Lafayette Rd	Food for fund raiser	141.99
9/16/19	Newburyport Bank	40 Friend Street	Bank account origination.	100
9/28/19	Stop and Shop	100 Macy St.	Food for fund raiser	60.69
9/27/19	The City Tobacco and Beverage	621 Lafayette Rd.	Beer and wine for fund raiser	298.92

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

601.60


Line 2: Expenditures \$50 or under (not itemized):

35.59

Line 3: TOTAL AMOUNT REIMBURSED:

637.19

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

10/19/19

Please prepare a separate report for each reimbursement check issued by the committee.